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APPLICANTS

Simon Furnish, New York, NY;

Jay Caplan, Belmont, MA;

Andres Zuluaga, Boston, MA; Daniel E. McNulty, Winchester, MA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i> 051205			
Verified and Acknowledged	INITIALS			

ADDRESS

26161
 FISH & RICHARDSON PC
 225 FRANKLIN ST
 BOSTON, MA
 02110

TITLE

Devices for vulnerable plaque detection

FILING FEE RECEIVED 559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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